

**CHILD SUPPORT ENFORCEMENT TRANSMITTAL #3 – REQUEST FOR ASSISTANCE/DISCOVERY**

Petitioner: Name (first, middle, last)  
Social Security Number  
Tribal Affiliation/Country (if applicable)  
DOE, JANE MARIE  
666-55-1111  
USA

IV-D Case: ☐ TANF  
☐ IV-E Foster Care  
☒ Medicaid Only  
☐ Former Assistance  
☐ Never Assistance

Respondent: Name (first, middle, last)  
Social Security Number  
Tribal Affiliation/Country (if applicable)  
DOE, JOHN JAMES  
666-22-7777  
USA

Non-IV-D Case: ☐

File Stamp

To: (Agency Name and Address)  
DCSS  
CA CENTRAL REGISTRY  
30 W. KALA, 1<sup>ST</sup> FLOOR  
PO BOX 400  
LANSING, MI 48999  
(517) 444-6666  
(517) 444-1111 FAX

Responding FIPS Code 0600000 State CA  
Responding IV-D Case Identifier \_\_\_\_\_  
Responding Tribunal Number \_\_\_\_\_

From: (Contact Person, Agency, Address, Phone, FAX, E-mail)  
C WORKER  
INGHAM COUNTY FRIEND OF THE COURT  
30 W. KALA, 1<sup>ST</sup> FLOOR  
PO BOX 400  
LANSING, MI 48999  
(517) 444-6666  
(517) 444-1111 FAX

Initiating FIPS Code 2699999 State MI  
Initiating IV-D Case Identifier 99999999  
Initiating Tribunal Number \_\_\_\_\_

Send Payments To: (if different from above)  
MISDU  
P.O. BOX 30352  
LANSING, MI 48909-7852

**Children's Legal Names** (first, middle, last)  
JANEY LYNN DOE

Response Needed by April 15, 2012 (Date)

**I. Action**

1. ☒ Provide/Obtain Copies of Documentation  
☐ Certified Copies of Orders ☐ Financial Statement  
☐ Payment Records ☐ Other \_\_\_\_\_
2. ☐ Provide Assistance with Service of Process (See Attached)
3. ☐ Provide Assistance with Genetic Testing (See Section II and/or Attached)
4. ☐ Obtain Answers for Interrogatories (See Attached)
5. ☐ Provide Assistance with Teleconference for Hearing or Deposition (See Attached)
6. ☐ Obtain Financial Data/Proof of Respondent's Income (See Section II and/or Attached)
7. ☐ Obtain Party Signature on Attached Form (See Attached)
8. ☐ Provide Assistance with a Lien
9. ☐ File a Notice of Determination of Controlling Order with An Order-Issuing Tribunal (See Attached)
10. ☐ Other: \_\_\_\_\_

**Please Return the Acknowledgment Attached**

**II. Additional Information**

☐ Nondisclosure Finding Attached ☐ Verified Address of Employer:

August 29, 2014 C WORKER (517) 444-6666  
Date Initiating Contact Person (first, middle, last) Phone Number & Extension  
FAX: (517) 444-1111 E-mail: \_\_\_\_\_

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DCSS  
CA CENTRAL REGISTRY  
PO BOX 419  
RANCH CORD, CA 99999

Responding FIPS Code 0600000 State CA  
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LANSING, MI 48999  
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LANSING, MI 48909-7852

**ACKNOWLEDGMENTS****To be Completed by Responding Agency and Returned to Initiating Agency**

- ☐ Request Received and No Additional Information is Necessary  
☐ Additional Information Needed (See Remarks)  
☐ Remarks/Response

☐ Your Case has been Forwarded for Action to:

Name of Worker (first, middle, last) \_\_\_\_\_

Agency Name \_\_\_\_\_

Address, FIPS code \_\_\_\_\_

Phone & Extension \_\_\_\_\_

FAX \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person Completing Form (first, middle, last)

\_\_\_\_\_  
Telephone Number & Extension

FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_